

**City of Blue Lake Parks & Recreation**  
**2014 Summer Recreation: Camp Perigot**  
**REGISTRATION FORM**

NAME OF CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

**LIABILITY WAIVER**

*I hereby give my permission to allow my child named above to participate in the activities offered by Camp Perigot. I understand that this waiver of liability protects the City of Blue Lake, its Parks & Recreation Department, and all employees from any and all injuries, physical and mental, that occur and/or are alleged to occur to my child named above during activities my child undertakes on his/her own or participates in while attending Camp Perigot, including those offered during extended care hours. I understand that the City be held free and harmless from any and all liability claims, demands, damages, costs, and expenses resulting from participation in the activities at Camp Perigot, including those offered during extended care hours.*

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

<u>Registration Option</u>	<u>Non-Resident Fee</u>	<u>Discounted Resident Fee</u>
Daily Full Day	\$26.00	\$23.00
Daily Half Day	\$16.00	\$14.00
Extended Care AM or PM Daily	\$7.00	\$6.00
Weekly Full Day	\$114.00	\$99.00
Weekly Half Day	\$66.00	\$58.00
Weekly Extended Care AM and/or PM	\$27.00	\$22.00

**PROGRAM REGISTRATION**

	<u>(check half or full day)</u>		<u>(circle days)</u>	<u>(check box)</u>
June 16-20	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day		MTWTHF	Extended Care: <input type="checkbox"/>
June 23-27	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day		MTWTHF	Extended Care: <input type="checkbox"/>
June 30-July 3 *no camp July 4	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day		MTWTH	Extended Care: <input type="checkbox"/>
July 7-11	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day		MTWTHF	Extended Care: <input type="checkbox"/>
July 14-18	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day		MTWTHF	Extended Care: <input type="checkbox"/>
July 21-25	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day		MTWTHF	Extended Care: <input type="checkbox"/>
July 28-1	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day		MTWTHF	Extended Care: <input type="checkbox"/>
Aug 4- 8	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day		MTWTHF	Extended Care: <input type="checkbox"/>
Aug 11-15	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day		MTWTHF	Extended Care: <input type="checkbox"/>
Aug 18-22	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day		MTWTHF	Extended Care: <input type="checkbox"/>

***Please list all persons allowed to pick up your child below, including yourself:***

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

*Note: We will not release your child to anyone other than those persons listed above without your advance permission. Please let us know, in advance, if your list of authorized persons needs to include others and/or disallow someone named above from picking up your child.*

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***For Office Use Only***

**Registration Fees:** Paid \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check Number(s) \_\_\_\_\_ (If cash, write "cash")